

June 2000 Regulatory Summary

INTRODUCTION

This document was prepared for the U.S. Army Center for Health Promotion and Preventive Medicine (USACHPPM), Directorate of Occupational Health Sciences. The POC at the USACHPPM is Mrs. Sandra Monk; Program Manager; Industrial Hygiene Management Program; DSN: 584-2439; COM: 410. 436.2439; cc:Mail: Sandra.Monk@apg.amedd.army.mil.

This document summarizes information and regulatory actions that are relevant for Army Industrial Hygiene Program personnel. We distribute this summary in electronic form only. Please make it available to your staff if they do not have direct access to an electronic copy. A copy is also posted on the Army IH Program Home Page (<http://chppm-www.apgea.army.mil/Armyih>). If you would like to be added to the electronic mailing list or if your e-mail address changes, please contact Brenda Wolbert, e-mail: Brenda.Wolbert@apg.amedd.army.mil; or call her at DSN: 584-2439; COM: 410.436.2439; fax: 410.436.8795.

At a minimum; we review the following publications in preparing this summary: [AIHA Journal](#); the [Synergist](#); [Today](#) (ACGIH's Newsletter); The [AAIH Newsletter](#); OSHA Week; the [Federal Register](#); BNA OSHA Reporter; [Applied Occupational and Environmental Hygiene](#); The [Journal of Occupational and Environmental Medicine](#); The [Journal of Environmental Health](#); [Professional Safety](#); Safety and Health, [Occupational Hazards](#); [Occupational Health and Safety](#); and [Industrial Safety and Hygiene News](#). We also gather information from a variety of sources on the Internet using the Army IH Program Home Page as our gateway. (<http://chppm-www.apgea.army.mil/Armyih/>).

If you have questions or comments; please contact Jim Evenden at jevenden@lmi.org; 410.638.2081/2086 (voice) or 2093 (fax).

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INTERNET NEWS

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PUBLICATIONS

NIOSH Website publications available on line

TRAINING COURSES AND CONFERENCES

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JUST THE FACTS

EMF in the workplace

JOBS

Hill Air Force Base – Safety Engineer, GS-0803-12
Anniston, Alabama - Industrial Hygienist, GS-0690-09
Mobile, AL - Industrial Hygienist, GS-0690-07/12, OSHA
Oklahoma City, OK- Industrial Hygienist, GS-0690-13
US Joint Forces Command, VA - Safety and Occ Health Manager, GS-0018-13
Hill Air Force Base, UT - Safety and Occupational Health Specialist, GS-0018-09
Seoul, Korea - Safety and Occupational Health Specialist, GS-0018-09
Ft Bliss, TX - Industrial Hygienist, GS-0690-12
Ft Hood TX, - Industrial Hygienist, GS - 0690-11
Ft Hood, TX - Industrial Hygienist, GS - 0690-11
Ft Hood, TX - Industrial Hygienist, GS-0690-07/11
Ft Hood, TX - Industrial Hygiene Technician, GS-0640-07/09
Hampton, VA - Safety and Occ Health Manager, GS-0018-13
San Francisco, CA - Industrial Hygienist, FDA, GS-690-12
Boise, ID - Safety and Occupational Health Manager, GS-0018-12
Baltimore, MD - Industrial Hygienist, GS - 0690 – 13
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REGULATORY ACTIONS - None

OSHA STANDARDS - None

OSHA PROPOSED RULES - None

OSHA ACTIVITIES

New OSHA, Joint Commission Agreement Expected to Enhance Healthcare Compliance

An education partnership agreement renewed OSHA and JCAHO will help healthcare organizations meet JCAHO accreditation expectations and comply with OSHA

regulations. The educational aspect of the partnership is expected to improve efficiency and reduce duplication in oversight activities.

The JCAHO-OSHA partnership was first established in 1996. The not-for-profit independent commission evaluates and accredits nearly 20,000 health care organizations and programs in the U.S.

Among plans for the continued collaboration are to:

- ?? Develop additional educational programs that will help organizations maintain their JCAHO accreditation while meeting OSHA regulations;
- ?? Make OSHA's Voluntary Protection Program – which recognizes excellence in occupational safety and health programming and exempts organization from programmed inspections – more applicable to health care organizations; and
- ?? Identify ways to assist health care organizations in achieving the recognition and benefits of VPP participation.

The goals of the partnership are to minimize duplications in compliance activities between the two organizations and to foster improvement in the management of safety and health issues in the health care industry, the release said.

Jeffress Labels NASA as “Best of Best” For Worker Safety, Health in Federal Sector

OSHA Administrator Charles Jeffress praised the National Aeronautics and Space Administration for its safety approach in the workplace, labeling the agency as the “best of the best” in workplace safety and health in the federal sector.

NASA has established a collection of actions that will enable the agency to reach the goal of being the nation's leader in safety and occupational health and in the safety of the products and services it provides. Zero mishaps in the NASA workplace are expected and achievable according to James Lloyd of NASA's safety and risk management division.

NASA's safety policy stresses prevention, the review of hazards, a careful approach to waivers and deviations, encouraging the workforce to report hazards and management response, and learning from mishaps.

NASA's mentor is DuPont, an organization known for its strong safety culture. NASA was the first federal government work site approved for membership in OSHA's Voluntary Protection Program, in October 1999.

State Plan States Decline Jurisdiction; OSHA Will Continue to Cover USPS Workers

OSHA will continue to cover U.S. Postal Service facilities in the 23 states that operate their own job safety enforcement programs because all of those states decline to assert jurisdiction over the USPS sites. OSHA offered the state-plan states the opportunity to amend their plans to extend their jurisdiction to USPS or to decline such jurisdiction.

Postal Service facilities and nearly 1 million USPS employees were brought under OSHA jurisdiction in September 1998 when President Clinton signed the Postal Employees

Safety Enhancement Act. Under the act, Congress allowed states to either assert jurisdiction over USPS sites or allow OSHA to cover the facilities. The final rule modifies each state's regulations to document that coverage of USPS workplaces and employees remains a federal OSHA responsibility.

OSHA now regulates the working conditions of USPS employees as well as contract workers in official USPS mail operations, such as contract mail carriers and truck drivers transporting and unloading mail. However, agency standards do not apply to working conditions regulated by the DOT. In addition, OSHA said it regulates the working conditions of postal stations located in other public or commercial facilities.

The final rule also issued technical corrections to maritime jurisdiction in several of the states; military jurisdiction in Washington State; coverage on Indian Reservations in the State of Oregon; and information on where plan documents may be inspected

ACTIONS IN CONGRESS IMPACTING OSHA

Congress Urged to Support Increases For OSHA, Other Worker Protection Agencies

In a letter to Congress, the American Society of Safety Engineers said Congress should increase funding for OSHA, MSHA, NIOSH, as well as occupational safety and health efforts within the DOE, the U.S. Chemical Safety and Hazard Investigation Board, and other agencies as well as maintain the current balance at OSHA between employer assistance and enforcement.

ASSE has some specific recommendations, including bolstering OSHA's Safety Standards Directorate and supported a number of research initiatives planned over the next year.

"Also, we believe that one of the significant issues in Congress regarding this year's OSHA budget will be whether to shift money away from enforcement and federal compliance assistance to state consultation. "ASSE believes that potential amendments, which shift employees and resources away from Federal OSHA to State consultation programs, is not good public policy. The current balance maintains the national focus on occupational safety and health, and encourages increased usage of on-staff safety and health professionals in addition to both private and public sector consultation services," the letter said.

Occupational safety and health research also must be increased, the safety group said. "The NIOSH safety Research Division needs to be appropriately funded to reach its key objective – research effective and efficient ways to reduce occupational fatalities and injuries. It is important to note that overall funding for NIOSH is not consistent with other agencies in the CDC. This inequity should be corrected in order to support the important ongoing activities related to the National Occupational Research Agenda (NORA)," the letter said.

House Judiciary Committee Approves Bill To Expand Radiation Compensation Program

The House Judiciary Committee approved a Senate bill that would expand a compensation program for workers affected by radiation by updating the minimum requirements and including more diseases.

The Radiation Exposure Compensation Act Amendments of 1999 would add lung, brain, colon, ovary, bladder, and salivary gland cancers to the diseases already covered under the Radiation Exposure Compensation Act of 1990. RECA compensates individuals exposed to radiation from radioactive mining and fallout from atomic testing.

The amendments to the act also would cover specific non-cancer diseases, such as silicosis. Since the law's enactment, approximately 6,000 workers have been compensated for their injuries. The legislation also streamlines the application process for sick workers.

Under the amendments, workers who have suffered long-term health problems because they were not "adequately informed" of the dangers faced during uranium mining would also be eligible for compensation. The eligible group would include miners, millers, and uranium ore transporters in certain states that produced material for the nuclear arsenal.

It also includes a grant program that would provide funds for education, prevention, and early detection of radiogenic diseases. The grants would be available to a wide range of health care providers, including cancer centers, hospitals, Veterans affairs medical centers, community health centers, and state departments of health.

The DOE proposed a similar compensation plan in April. Workers with certain types of illnesses would be eligible for a \$100,000 lump sum payment under a compensation plan introduced to atone for harmful workplace exposures at nuclear facilities.

The DOE proposal would provide either a lump sum financial benefit or a package of benefits including lost wages, medical expenses, and job retraining to workers with pulmonary diseases caused by breathing particles of beryllium, workers with cancers caused by workplace radiation exposures, and certain groups of workers at the DOE's sites in Paducah, Ky., Portsmouth, Ohio and Oak Ridge, Tenn.

House Approves Bill to Place Defibrillators For Employees, Others in Federal Buildings

A bill that would require that Department of Health and Human Services to make recommendations and implement guidelines for the placement of defibrillators – devices for helping cardiac arrest victims – in federal building passed the House by voice vote May 23 statement. The Cardiac Arrest Survival Act is intended to improve the survival rates of individuals who experience cardiac arrest in federal buildings and to establish protections from civil liability for persons who use the devices during emergencies. Automatic external defibrillators are devices that send a jolt of electricity through the heart to restore the organ's natural rhythm.

The HHS would also be required to publish recommendations on training in the use of such devices, training oversight, maintenance and testing and coordinating placement and use of AEDs with local emergency medical systems.

In addition, the bill would provide "Good Samaritan" immunity to individuals who inadvertently cause harm to another through the use of a defibrillator in an emergency.

The immunity from civil liability would not be available if the harm was caused by intentional misconduct or gross negligence, or if the harm was caused by a health professional acting in a professional capacity.

According to the bill, more than 700 individuals die each day from sudden cardiac arrest, and two out of three of the deaths occur before the patient reaches the hospital. Estimates show that up to 30 % of these victims could be saved if they had access to immediate medical treatment, including defibrillation, the bill said.

A bill requiring the Federal Aviation Administration to make a decision regarding requiring automatic external defibrillators to be carried on commercial aircraft was signed into law in April 1998.

TECHNICAL ARTICLES OF INTEREST

New ASHRAE Filter Standard

ASHRAE filter standard. ASHRAE 52.2 - 1999 will help in Air Filter Selection. ASHRAE 52.2 establishes a simplified reporting scheme where all filters are classified into sixteen Minimum Efficiency Reporting Values (MERV) groups. In the future filters will be tested using the old arrestance tests (ANSI 52.1) and this new method. For more information on the new standard contact ASHRAE by calling 800-527-4723.

NIOSH Reports Say Health Miners Cannot Rule Out Silicosis Illness Because of Long Latency

Silica miners who have no illness, even after 10 or 15 years, cannot rule out possible adverse effects of exposure because of the long latency usually associated with chronic silicosis, three recent NIOSH reports said.

At the request of MSHA, NIOSH estimated the prevalence of silicosis at three U.S. Silica Co. facilities in Berkeley Springs, W.Va., Mill Creek, Okla., and Columbia, S.C. NIOSH began its work in July 1995 and completed it in November 1996.

NIOSH defined silicosis, a form of pneumoconiosis, as a chronic fibrotic pulmonary disease caused by the inhalation, deposition, and retention of dust containing crystalline silica. Silicosis is usually diagnosed with a chest x-ray and an occupational history of exposure to silica-containing dust. Silicosis can be chronic accelerated or acute. In the case of acute silicosis, the disease may develop in a few weeks to four or five years after the initial exposure. Acute silicosis is associated with exposures to extremely high concentrations of crystalline silica.

NIOSH observed that the International Agency for Research on Cancer recently reclassified crystalline silica from occupational sources as a substance carcinogenic to humans. According to the NIOSH report, "individuals with silicosis are at increased risk for lung cancer."

At Mill Creek, NIOSH found there were no cases of silicosis among current workers with 10 years or less of tenure. But five of the 49 survey participants, who included both current and former workers, had chest x-ray finding consistent with silicosis.

At Berkeley Springs, there were no cases of silicosis among current or former workers with 15 or fewer years of tenure. However, seven of the 67 survey participants had chest x-ray findings consistent with silicosis.

There were no cases silicosis among current or former workers at Columbia with 15 or less years of employment, but four of the 46 survey participants had chest x-ray findings consistent with silicosis.

According to the report, routine medical monitoring has been available to employees of the Berkeley Springs facility since the early 1950s, to employees at Mill Creek since 1950, and to employees at Columbia since 1962. Medical monitoring is currently conducted every two years and includes all of the screening tests recommended by the National Industrial Sand Association as well as NIOSH's 1981 recommendations for workers exposed to ground silica.

NIOSH said it issued its recommendation on primary prevention through engineering controls to MSHA. Other recommendations to the three facilities included:

- ?? Making medical examination and screening tests available to all workers in or downstream of the grinding mill before job placement and annually thereafter.
- ?? Conducting tuberculosis skin testing before job placement and annually thereafter, with appropriate follow-up for definitive diagnosis and medical treatment, as indicated.
- ?? Providing each worker with a written copy of his medical examination results in full detail, whether or not the results are abnormal, in addition to a summary narrative. Results should be provided directly to the workers by the medical facility or contractor responsible for the examination, and employees should have the opportunity to review the results with a health care professional at the time they receive them.
- ?? Maintaining medical records separately from personnel records in a confidential manner. Access to medical records should be limited to health care personnel, such as the medical director.

NIOSH – UPDATE, Working women face high risks from work stress, musculoskeletal injuries, other disorders

Working women compose an increasingly large proportion of the U.S. work force. They also face high risk from job-related stress, musculoskeletal injuries, violence, and other hazards of the modern workplace, new reports by the National Institute for Occupational Safety and Health (NIOSH) conclude. In many respects, the risks are higher than those for male workers.

NIOSH researchers describe their findings in two articles and an editorial in the Spring 2000 issue of The Journal of the American Medical Women's Association. The editorial provides an overview of occupational health and safety hazards for working women. One of the articles addresses work stress and women. The other article, co-written by authors from NIOSH and two other organizations, examines health and safety concerns for working women in construction.

"Many factors heighten certain risks of work-related injury, illness, and death for female workers," said NIOSH Director Linda Rosenstock, M.D., M.P.H. "It is important to recognize these hazards and to keep all workers, women and men alike, safe on the job."

Women currently make up almost half of the general U.S. work force. In the growing health care industry, where a complex range of hazards exists, including latex allergy, back injuries, and needlestick injuries, about 80 percent of the work force is female.

Increasingly, women are moving into occupations once held exclusively by men, such as the construction trades. In such instances, physiological differences between women and men can translate into occupational hazards, as when women operate equipment designed for male workers of larger stature.

Women workers are at disproportionately high risk for musculoskeletal injuries on the job, suffering 63 percent of all work-related repetitive motion injuries. Hazards such as radiation, glycol ethers, lead, and strenuous physical labor can affect a woman's reproductive health, including pregnancy outcomes. Violence is also a special concern for women workers. Homicide is the leading cause of job-related death for women, and women also are at increased risk of non-fatal assault.

The NIOSH article "Working Women and Stress" finds that:

- ?? Gender-specific work stress factors, such as sex discrimination and balancing work and family demands, may have an effect on women workers above and beyond the impact of general job stressors such as job overload and skill under-utilization.
- ?? Discriminatory barriers to financial and career advancement have been linked to more frequent physical and psychological symptoms and more frequent visits to the doctor.
- ?? The most effective way of reducing work stress is through organizational change in the workplace. This holds true for reducing work stress in female and male workers alike. Workplaces that actively discourage sexual discrimination and harassment, and promote family-friendly policies, appear to foster worker loyalty and attachment regardless of gender, studies indicate. Organizational changes effective for reducing job stress among women workers include expanding promotion and career ladders, introducing family-support programs and policies, and enforcing policies against sex discrimination and sexual harassment.

The article "Women in Construction: Occupational Health and Working Conditions," finds that:

- ?? Women may receive less on-the-job safety mentoring than men from supervisors and co-workers. This can create a potentially dangerous cycle in which tradeswomen are asked to do jobs for which they are not properly trained, then are injured when they do them or are seen as incompetent when they are unable to do them.

- ?? Women in construction have reported harassment and verbal abuse by co-workers and isolation on the job severe enough that some women have looked for other employment.
- ?? Patterns of work-related construction fatalities differ for men and women. For example, women construction laborers are at higher risk than male laborers of death from motor vehicle injuries, but less likely to be at risk of death from falls, machinery related injuries, or being struck by objects. Further research is needed to determine why these differences exist.

Further information on job-related stress appears in a NIOSH document, ["Stress ... At Work,"](#) DHHS (NIOSH) Publication 99-101, issued in 1999. Additional information on protecting the health and safety of women in construction appears in another NIOSH document, ["Providing Safety and Health Protection for a Diverse Construction Workforce: Issues and Ideas,"](#) DHHS (NIOSH) Publication No. 99-140.

For copies of those documents or for other information on the health and safety of working women, call the toll-free NIOSH information number, [1-800-35-NIOSH](tel:1-800-35-NIOSH) (1-800-356-4674), or visit NIOSH on the World Wide Web at www.cdc.gov/niosh.

Workplace Violence Top Concern for Employers in 2000

Workplace violence was rated the most significant security concern for U.S. businesses for the second year in a row, according a survey of Fortune 1000 companies conducted by Pinkertons Inc.

"Top Security Threats and Security Issues Facing Corporate America," released earlier this month, found that while workplace violence was ranked as the top corporate security concern in the 1999 survey, this topic received a higher average importance rating this year.

Quoting figures compiled by the Workplace Violence Institute and the U.S. Department of Justice, Pinkertons said workplace violence costs employers \$36 billion annually, results in three deaths daily, and causes thousands of injuries each year.

The companies that labeled workplace violence as the top security threat included manufacturers, business-service companies and utility companies, according to the survey.

Despite workplace violence concerns, approximately 20 percent of the Fortune 1000 companies surveyed said that they do not consistently perform criminal-record checks on job applicants.

Forty percent of respondents, however, anticipate increased funding for security programs, while half expect that their safety budgets will be unaffected over the next several years.

The trend signals a management commitment to corporate security which is vital to maintaining the overall health of the organization, the study said.

OTHER ITEMS OF INTEREST

Washington State Sets Ergonomics Rule

Washington State has adopted an ergonomics rule. The plan to phase the rule in over the next 2 to 5 years. The state will appoint an independent panel to ensure the rule requirements and the proposed enforcement policies are fair and consistent. In Washington State, ergonomic injuries comprise a third of all workers' compensation claims. The important features of the rule are:

- ?? A phase in over the next 2-5 years allowing employers to prepare for compliance. During this time, the state will develop demonstration projects.
- ?? Employers that elect to participate in the demonstration projects will be given incentives such as reduced workers' compensation premium rates.
- ?? The implementation plan will include a very extensive technical assistance program and training for employers, especially small businesses.
- ?? A panel of independent experts will oversee and review the rule, its implementation and enforcement.

For more information, contact the Washington State Department of Labor and Industry (306) 902-5400.

AIHA Opinion on the OSHA's Recordkeeping Rule

An update on the OSHA proposed recordkeeping rule:

During the past six months, OSHA policy makers have continually stated that they intended to have the recordkeeping rule in place and implemented on January 1, 2001. However, in order to do so, OSHA recognized that the rule had to have final approval from OMB and be sent to the states no later than July 1, 2000. OSHA stated the states needed approximately six months to bring everything into compliance for the rule to take effect on January first.

In the last month or so, OSHA began subtly talking slightly different. OSHA hinted that the rule might not come back from OMB for several more months, but that they still thought the rule could be implemented by January first. Then a couple of weeks ago OSHA began stating the holdup was due to the fact that the agency needed to coordinate recordkeeping with its proposed ergonomics standard – which reportedly necessitated additional review of the rulemaking.

Throughout this process, AIHA has reported it would be doubtful the recordkeeping rule would ever go into effect on January first.

Now, it looks as if OSHA has taken one more step in the process of admitting that the rule is, or will be, put on hold for an indeterminate period.

The July 7 *Federal Register* contained an OSHA notice for comments on a proposed collection of information request. These are common notices, but this one is even more interesting than usual. This notice states that OSHA is extending, beyond January 1, 2001, current paperwork requirements for recording and reporting occupational injuries and illnesses.

The notice states that the current requirements were scheduled to expire on January first when the new rule would be implemented. However, the notice states "*The Agency is in the process of revising these recordkeeping requirements and expects to implement a revised injury and illness recordkeeping system. If the Agency is unable to implement the revised system in January, 2001, it will need to continue the current injury and illness recordkeeping system*". In simple terms, it sounds as if OSHA is requesting reauthorization of the existing system because they believe a new system will not be in place.

Sounds as if this could be the final word that the recordkeeping rule is indeed "doomed" for the foreseeable future. Will keep you informed.

Defining Our Mission

The president-elect of the American Industrial Hygiene Association examines the mission of AIHA and other health and safety associations.

by Steven P. Levine, Ph.D., CIH

The American Industrial Hygiene Association (AIHA) Mission Statement reads: "The AIHA promotes, protects and enhances industrial hygienists and other occupational health, safety and environmental professionals in their efforts to improve the health and well-being of workers, the community and the environment."

I believe there are at least two ways to interpret the mission statement of AIHA and allied occupational health and safety associations. In this article, I will give you some interpretations and why I think this subject is important.

1. Put the Association and the Profession First

One interpretation is that the most important job of the leadership, primarily the Board of Directors, of AIHA is to ensure the health of the association as a viable organization. A strong association will then ensure that the occupational health and safety (OHS) profession, primarily meaning the membership of AIHA and sister associations, will be served and will flourish. The flourishing of the association and, thereby, the profession would logically enhance our ability to protect "the workers, the community and the environment."

An example of this logic might be a government-mandated OHS program that, of necessity, would involve the hiring of our association members or the contracting of association staff. Thus, more OHS professionals would have jobs. In this scenario and using this interpretation, the association would lobby to support the promulgation and

implementation of this program. Workers would benefit because this OHS program would presumably reduce injuries and illnesses.

2. Put the Worker First

An alternate interpretation of the AIHA mission statement is that the association exists to "improve the health and well-being of workers, the community and the environment." Decisions would be made that would improve the protection of the worker, whether or not the health of the association or the employability of the membership was improved.

If we choose to support this interpretation of the mission statement, the logic here is that, if we work single-mindedly to protect the worker and the environment, the profession will benefit in the short and long run. If the profession and, thereby, the OHS professional benefits, the association, of necessity, also will benefit. In this interpretation, the association is the "trickle-down" beneficiary.

An example of this might be a government-mandated OHS program that may or may not have a significant impact on the employment of OHS professionals or the use of association resources. If this program were of such a nature that it would help protect the worker and environment, we would support it as ardently as if many of our members would get new jobs and opportunities.

It seems that the American Conference of Governmental Industrial Hygienists (ACGIH) leadership may adopt this point of view. Its new mission statement, if approved as drafted, will be: "The ACGIH community of professionals advances worker health and safety through education and the development of scientific and technical knowledge." This is a subtle, yet not so subtle, emphasis that I think is important.

Indeed, Scott Merkle, the vice chair of ACGIH, has this to say: "A revealing distinction that can be drawn is whether an organization fundamentally defines itself more as a 'scientific society' or as a 'trade association.' [Note: When Merkle talks about trade associations, he is referring to organizations that represent profit-making corporations, such as the National Association of Manufacturers.] A professional organization is not 100 percent one or the other, but often is a blend of the two. The missions of societies in public health science are focused more on basic social goals such as advancing knowledge to cure a disease or, in our case, to protect worker health and safety.

"On the other hand, 'trade associations' tend to focus more on the issues that impact the members of a given trade. OHS trade associations can provide broad public health benefits by supporting their members and improving the tools used by those engaged in that trade. It is not a matter of one focus being better or superior to the other. Both have important roles in our society. But they do represent different aims and purposes that can result in some differences in the ordering of priorities."

Merkle continues: "I personally share your core belief that our prime focus should be on the worker. This is the deeper and more enduring force that holds us together in an association of individuals with a common interest. Our individual employers may be different, our job titles may be different, our political and cultural views may be different, but we commonly share a passion and dedication to the worker's well-being.

"There are those who suggest that the decision whether to continue to be a member in an association is based on answering the question: 'What have you done for me lately?' While this may be true for some, I submit that the more telling question on membership value is 'What have we done for the worker lately?' "

Scott Schneider, director of occupational safety and health for the Laborers' H&S Fund of North America, has another comment on this issue: "Why are IH schools within public health schools? That implies that we need to or should see ourselves as public health professionals with a broader interest." He is saying that schools of public health (and other related schools) have a mission: to train professionals to serve the higher interest of public health, not just to practice our profession.

3. Are These Two Interpretations the Same?

I believe that these two interpretations are complementary, but not equivalent. My core belief is that AIHA, ACGIH, American Society of Safety Engineers and sister associations exist, first and foremost, to further the protection of the worker and the environment.

Many of my colleagues see no real difference between the two interpretations. They feel that service to one serves all. The disagreement I have with that position is that, by primarily focusing on the association, there is the potential to miss the desired objective altogether. Stated another way, when push comes to shove, we must always remember why we do what we do. In that way, we can recognize and use the collective power of the members of the allied OHS professional associations to really make a difference. Indeed, at the core of what we do, we should keep this quotation from the Dalai Lama as a personal professional OHS mission statement: "May I be at all times ... a protector for those without protection, a servant to all in need."

NIOSH Says Number of Women in Workforce Growing; Hazard Exposure Also Rising

Women in the workforce are increasing in numbers and are becoming subject to more hazards on the job, in some cases their risk rates are higher than for men, according to NIOSH.

NIOSH Director Linda Rosenstock and NIOSH policy analyst Lore Jackson Lee co-authored the editorial, which provided an overview of hazards facing women.

The top potentially lethal job hazard for women is workplace violence. American women are “at increased risk for nonfatal assaults, and homicide is their leading cause of injury death.”

In health care fields, where women make up nearly 80 percent of the workforce, hazards include back injuries, latex allergy, needlestick injury, and musculoskeletal disorders.

A separate NIOSH article pointed out that in national surveys more employed women than men have reported high levels of stress and stress-related illnesses.

Occupational stressors were defined as “working conditions that overwhelm the adaptive capabilities and resources of workers, resulting in acute psychological behavioral, or physical reactors.” Additional stress comes from financial and economic factors, conflict between work and family roles, gender specific stress such as sexual harassment, training and career development issues, and other factors such as communications styles.

NIOSH has found that the most effective way of reducing work stress is through “organizational change,” which hold true for both men and women.

According to researchers, studies indicate that workplaces that actively discourage sexual discrimination and harassment and promote family-friendly policies appear to foster worker loyalty and attachment regardless of gender. Organizational changes that help reduce job stress among women workers include expanded promotion and career opportunities, family support programs and policies, and enforced policies against sex discrimination and sexual harassment.

NIOSH said that women often receive less on-the-job safety mentoring than men do from supervisors and coworkers, which can create a potentially dangerous cycle in which they are not properly training. As a result, they can be injured or viewed as incompetent when performing these jobs.

In a second article, NIOSH researchers found that women have taken on more jobs in the construction industry over the last two decades. Patterns of work-related construction fatalities also differ for men and women. NIOSH found that women laborers are at higher risk than male laborers of death from motor vehicle injuries, but less likely to be at risk from falls, machinery related injuries, or being struck by objects. Further research is needed to determine why these differences exist.

ARMY ITEMS OF INTEREST

Update on M48A1 filters for Abrams tanks

The M48 filters containing Hexavalent Chromium have not been manufactured for approximately ten years. M48A1 filters, which do not contain Hexavalent Chromium, are currently available for high priority (0-1 to 0-3) requisitions. Low priority requisitions (0-4 to 0-13) are on back order. The Army has two producers for M48A1's and they are currently making deliveries. Backorders will be issued as soon as possible. Glen Broman, Filter Integrated Product Team Chairman at SBCCOM bromang@ria.army.mil,

DSN 793-4550), has requested that M48 and M48A1 filter quality and performance issues be relayed to him so that SBCCOM can better monitor filter related concerns.

The point of contact is Glen Broman, bromang@ria.army.mil, SBCCOM, DSN 793-4550.

Military Ingenuity

The Department of Defense (DoD) is strongly committed to implementing a continuing, effective, and comprehensive Hearing Conservation Program that will protect all military and civilian personnel from hearing loss caused by occupational noise exposure. In the modern military environment, this often requires considerable ingenuity to ensure that neither mission performance nor individual hearing capability is compromised.

A primary means of preventing hearing loss from sources in the military training/operations/combat environment is through the use of hearing protection devices (such as conventional foam earplugs). However, military personnel have historically been reluctant to utilize these devices under many mission conditions because of justified concern that their use may interfere with oral and radio communications, and with the all-too-essential hearing of sounds of concern/alarm. Service personnel must have their hearing protected from steady-state noise from armored vehicles, carrier flight decks, and airfield flight lines, and from impulse noises such as weapons fire and explosions. Such hearing protection cannot be allowed, however, to impair the ability of the military personnel to hear clearly radioed information, shouts of warning, vehicle noise, the closing of a rifle bolt, steps in leaves, etc.

For instance, while conventional foam earplugs protect hearing, they also reduce a normal individual's ability to hear a truck at 800 meters to only 400 meters, and the ability to hear a riflebolt closing from 1,000 meters to only 60 meters!

1. Army/Marine Combat Arms Earplug for Infantry

The DoD Hearing Conservation Working Group has recently recommended acquisition of the Combat Arms Earplug (CAE) to protect the hearing of dismounted Army and Marine infantry. The CAE is a U.S. Army-improved version of an original French design. The CAE is a cheap (approximately \$5 each), low-tech, passive device that works without batteries. It is easy to maintain and compatible with most military headgear. The one size currently available fits all but the smallest ear canals.

The CAE comes in two distinct parts. First, a yellow plug can be inserted in the ear to dampen significantly the most hazardous high-frequency component of impulse noise. The noise reduction capability of this plug actually increases considerably with the noise level of weapons fire (thus, it is referred to as a nonlinear earplug). The non-linearity begins at 110 decibels at Peak Sound Pressure Level of impulse noise (dip) and increases by 17 decibels (dB) up to 190 db(P).

Second, an olive drab plug can be inserted to reduce the steady-state noise found in and around aircraft, armored vehicles, watercraft, etc. It even helps eliminate wind noise at the nonlinear earplug's filter opening.

While the CAE effectively diminishes impulse noise, the nonlinear, yellow plug affords little loss of low sound levels. It therefore allows both for speech communication without shouting and for the detection and localization of acoustic sources under almost the same conditions as without hearing protection. For instance, the Army Research Lab predicts a soldier using CAE will be able to detect a truck at the same 800-meter distance as the soldier could without the CAE.

2. Communications Earplug for Army Helicopter Use

The Army also has developed a Communications Earplug (CEP) to provide Army helicopter pilots with both hearing protection and enhanced capability to understand vocal messages amid the noise in Army helicopters.

The CEP is a simple-tech/low-cost device that combines passive noise attenuation with exceptional speech comprehension. The CEP uses an expanding foam earplug to reduce the undesired sound of low-frequency helicopter noise by more than 30 dB for the CEP wearer. To improve speech communication in the helicopter environment, small microphones are joined with foam earplugs that are connected to an external helmet attachment. The helmet attachment is wired to the communication system inside the earcup. The result is very high speech intelligibility in one of the noisiest of mission environments.

3. Advanced Combat Vehicle Crewman Helmet for Marine Armored Vehicle Use

Marine armored vehicle crews now are being provided the Advanced Combat Vehicle Crewman Helmet (ACVCH) for sound attenuation.

The ACVCH provides passive sound attenuation that eliminates both steady state (e.g., vehicles) and impulse (e.g., weapons) sounds to provide hearing protection at all frequency ranges.

The "Talk Thru" integrated microphone/amplifier built into the headset helps protect hearing from very loud noises through an "overload" circuit that works instantly and automatically. It automatically reduces sound on detection of loud noise such as gunfire. The system then automatically recovers, without interrupting communications, when the noise level returns to safe levels.

4. Phase Cancellation Headgear for Air Force and Army Use

DoD currently is taking delivery of headgear that uses high-tech, sound "phase cancellation" technology to diminish hearing loss through the use of electronic noise to reduce the overall noise level. The system works by detecting the ambient noise signal, producing a signal with reversed phase and amplitude, and reinserting the

signal into the ear cup to cancel high amplitude noise levels without impairing radio communication capabilities.

The Air Force has initiated deployment of headsets and helmets with phase cancellation technology, called Active Noise Reduction, for use in both its fixed wing aircraft and helicopters. The Army also uses helmets with phase cancellation technology for its armored vehicle crews.

5. Effective Hearing Protection for All of DoD

Through the leadership role DoD has taken in the development of these devices, DoD is now helping maintain military readiness by providing meaningful hearing protection to military personnel without impairing their military effectiveness.

IH PROFESSIONALISM

EHS Pro Gives Advice on Writing Reports

As a safety and environmental manager, there are many opportunities to read and write reports. In my experience, many writers bury the essence of the report in a myriad of large sentences and never ending dialogue.

One must read and analyze the report more than once to understand the intent of the reporter. I don't claim to be an expert on how to write effective reports, but feel the necessity to offer some techniques that have helped me in the past.

The following are basic suggestions in writing effective reports in various subject areas.

- ?? 1. Organize your material into five categories: Summary, Background, Observations, Recommendations (if any), and Summary.
- ?? 2. Using these categories, subdivide your report data into specific topics and decide the best heading to place the information under based on relatedness. (For example: a. Number of accidents, b. Length of employment).
- ?? 3. All reports should start with the summary, capturing the essence of the report.
- ?? 4. Don't use cliches.
- ?? 5. When recommendations are warranted, objectively formulating them is foremost in controlling excess verbosity.
- ?? 6. Grammar and spelling are other components, which can make or break an effective report.
- ?? 7. Always number the pages to indicated the number of pages in the document and where the pages sequentially belong.
- ?? 8. Any narrative account of observations should never include "here-say." You or in the case of a witness report, you and the witness should always have actually seen or heard the reported incident.
- ?? 9. Do not report any material which is not truthful or factual.

- ?? 10. Be sure to proof your report and allow a colleague to review it. Often we think it makes sense because we are the authors and we know what we wanted to convey.
- ?? 11. Lastly, check the document for "that" overuse; one will be surprised how much more fluid the report reads without it.

INTERNET NEWS

A New Resource on Construction Safety and Health

Starting in August 2000, a new web site, the Electronic Library of Construction Safety and Health, *e*LCOSH, will provide a wide range of materials on construction safety and health. The goal is to improve safety and health for construction workers by making such information easier to obtain than in the past. A similar project, the National Agricultural Safety Database since 1997 has been on the Internet at <http://www.cdc.gov/niosh/nasd/nasdhome.html>

Development of *e*LCOSH is being supported through a grant to the Center to Protect Workers' Rights (CPWR) from the National Institute for Occupational Safety and Health, which is part of the U.S. Centers for Disease Control and Prevention. CPWR is the research arm of the Building and Construction Trades Department, AFL-CIO, which consists of 15 affiliate unions. Workers, contractors, researchers, and others will be able to download information from a broad range of sources — in English, Spanish, and other languages.

The materials will include:

- ?? Pocket cards
- ?? Brochures
- ?? How-to manuals
- ?? Chart books
- ?? Newsletters
- ?? Research reports
- ?? Directories
- ?? Training manuals and overheads
- ?? Data sets
- ?? Bibliographies
- ?? Regulations
- ?? Summaries of CD-ROMs and videos (and where to get them).

Postings will be limited, with rare exceptions, to items that apply directly to construction safety and health. *e*LCOSH will provide links to related web sites.

PUBLICATIONS

The following NIOSH data collections are available on their web site:

<http://www.cdc.gov/niosh/database.html>

- ?? Certified Equipment List (CEL)
- ?? Common Information Service System (CISS) - Mining
- ?? Criteria Documents
- ?? eLCOSH (*electronic* Library of Construction Occupational Safety and Health)
- ?? Immediately Dangerous to Life and Health (IDLH) Viewer
- ?? International Chemical Safety Cards (WHO/IPCS/ILO)
- ?? Manual of Analytical Methods (NMAM)
- ?? National Agriculture Safety Database (NASD)
- ?? NIOSHTIC-2
- ?? Occupational Safety and Health Guidelines for Chemical Hazards
- ?? OSHA 1988 PELs
- ?? Pocket Guide to Chemical Hazards (NPG)
- ?? Specific Medical Tests Published for OSHA Regulated Substances

TRAINING COURSES AND CONFERENCES

AIHA Risk Assessment Seminar. The American Industrial Hygiene Association (AIHA) has scheduled the seminar "Risk Assessment Methodology for the Practicing Industrial Hygienist" for Oct. 26-28 at the Opryland Hotel in Nashville, Tenn. The program will take place prior to the Professional Conference on Industrial Hygiene from Oct. 19-Nov. 1 at the same location. Participants will learn state-of-the-art risk assessment techniques from experts and will receive the newly published book, *Risk Assessment Principles for the Industrial Hygienist*. Attendees also will participate in thought-provoking workshops, listen to case-study presentations and meet industrial hygienists at the forefront of risk assessment applications. To register for the program, call AIHA at (703) 849-8888.

1. The TDL Advantage

The breakthrough of modern digital technologies opens new perspectives for the management of knowledge and learning processes, especially in health care facilities. There, proper training of employees--specifically, housekeeping personnel--has become an increasing concern in recent years. The use of digital networks of knowledge enhances the transfer of know-how, while experience in particular makes it possible to acquire information at a higher rate.

Management performance continues to be a key component of high-quality training and with technology-delivered learning, the process has become more cost-effective and time-efficient. Developments in technology are emerging at a continuing rate. Using interactive technology to train employees benefits employees and administrators of health care facilities alike, while adhering to safety and compliance demands. Because employees can continue their education in an accurate, time-efficient manner, technology-delivered learning (TDL) enhances employees' existing skills and provides a form of standardization across the entire continuum of care.

2. Maximizing Education

TDL is an innovative way to learn information and maximize employee education. Technology-delivered learning is training that uses a computer to deliver information to the user; it is unique in that it can be customized to instruct according to each employee's skill level, education, and familiarity with computers. In essence, it provides facilities with a customizable learning method that allows not just one, but all employees to perform at the same level of excellence. The TDL system is successful because it has the management capabilities to assign employees to specific learning courses, set mastery levels within the testing component, and compile reports on each employee's test outcome.

The traditional realm of learning usually involves a more passive form of obtaining information. Traditional learning methods teach in the manner of instructor-led courses where employees are the blank slate absorbing the information. With traditional modes of education, it is difficult to monitor the performance of each person and ensure all have received equivalent training. Traditional learning methods offer a greater risk of missing vital details. As a result, others in the facility could be at risk, especially those who work closely with chemicals and infectious agents, such as employees who clean nursing homes.

TDL allows participants to be active learners and to engage in a more thorough training process. Technology-delivered learning can measure an individual's improvement over time and provide constructive feedback, explaining the concept behind a particular method or procedure. TDL's interactive format can be custom-formatted to the specific needs of a health care facility and can be revised to incorporate changes in the medical community or topics addressed in the training program. Because TDL can train all employees equally, it establishes a consistent set of guidelines that result in overall staff performance.

TDL training isn't limited to the instructor's knowledge. It can encompass a variety of interactive tools, such as PowerPoint, videos, and audiovisual materials. By establishing a program that incorporates interactive learning with the expectation of retaining information longer, TDL helps to ensure compliance with agencies such as the Centers for Disease Control and Prevention, OSHA, and JCAHO, the Joint Commission on Accreditation of Healthcare Organizations.

With a strong training program implemented into health care facilities, employees and management personnel can ensure they are obtaining the latest information relating to safety standards and regulations. This is critical for health care employees who play an integral role in preventing the spread of infection. Continuing education programs for health care employees should incorporate a wide range of training to ensure a team effort is in place.

Health care facilities should have the ability to train a broad range of employees in a variety of settings where care is delivered, yet maintain a quality program that complies with OSHA and JCAHO requirements. Regulatory agencies such as OSHA and accreditation organizations such as JCAHO look for training that is, where appropriate, standardized across the continuum of care. These organizations also are seeking evidence that the training program implemented in a facility is appropriate to the individuals being trained, and that this training is being provided in a timely manner.

TDL makes it possible to record demonstrated competency. Through interactive learning using audio/visual references, employees can be trained for their specific jobs. By administering a series of tests through TDL, there is added assurance that the employee has absorbed the information and can apply what has been learned to his/her specific job function.

In South Dakota, Good Samaritan Nursing Home has witnessed the same problem that most nursing homes and long-term care facilities face: a high turnover rate that makes it necessary to find unique ways to train staff immediately, rather than using traditional training methods. In order to train its staff as efficiently as possible, Good Samaritan has begun using the free CD-ROM training program.

Annette Doss, National Purchasing Consultant for Good Samaritan, said the staffers who have used the program support its integration and believe it will be an effective tool with staffing and inventory. Based on Good Samaritan's experience with the program, Doss said she would recommend that other nursing homes and long-term care facilities integrate TDL into their training procedures. "Even though we have only been using the training program for a limited time, we would recommend it to other nursing homes. The program has allowed us to competently train staff in a market that has a high turnover rate," she said.

3. Benefits for Administrators

A strong records management program allows a facility to generate reports that list test results of each individual's progress. Through the use of TDL, management personnel can monitor the progress of employee training over a period of time.

At the same time, employees learn at their own pace. They can go back to review information included in the training program, as often as necessary. By enabling employees to learn this way, they have the flexibility to absorb the information more thoroughly.

With TDL, employees learn information by using multiple senses, such as seeing and hearing. A study involving nurses' use of TDL showed a significant difference in the amount of knowledge learned, versus those who didn't use TDL. Although generalizations to other health care workers cannot be made, statistics show TDL can improve performance through a combination of multimedia learning tools and by allowing employees to learn at their own skill level.

Employees know from the opening training screens how the information in that course relates to their job tasks, for example, and the well-organized screen layout lets the employee concentrate on the information being presented. The employee can assess his own performance with the frequent spot-checks and post-tests. TDL training helps increase the transfer of learning to the job by fostering familiar links between the content and how the employee can use it within the facility.

As new technology and information emerge, facilities must have the ability to incorporate modern methods into their existing procedures. Today's health care facilities face unique challenges that were not present just a few years ago. They must incorporate strategies to maximize the quality of care while minimizing costs.

Each facility must analyze its own system and alter it in order to minimize risk and reduce costs. In an ever-changing world of technology, what worked yesterday may not work today.

JUST THE FACTS

EMFs In the Workplace

Everyone in our modern society is exposed to the electric and magnetic fields (EMFs) that surround all electric devices. Recently, scientific studies have raised questions about the possible health effects of EMFs. This fact sheet answers frequently asked questions about EMFs in the workplace. You can use this information to help identify EMF sources at work and to take simple steps for reducing exposures. However, you cannot use this information to judge the safety of your exposures, since the scientific evidence does not yet show whether EMF exposures are hazardous.

1. What are EMFs?

EMFs are invisible lines of force created whenever electricity is generated or used. Power lines, electric wiring and electric equipment and appliances produce EMFs. The frequency of EMFs is measured in hertz (Hz, or cycles per second). People are exposed to both electric and magnetic fields, but scientists are most concerned about magnetic fields. This fact sheet deals only with magnetic fields that have frequencies near 60 Hz the frequency of electric power in North America.

2. What do we know about workplace exposures to EMFs?

Workers may be exposed to high magnetic fields if they work near electrical systems that use large amounts of electric power (for example, large electric motors,

generators, or the power supply or electric cables of a building). High magnetic fields are also found near power saws, drills, copy machines, electric pencil sharpeners, and other small electric appliances. The strength of the magnetic field depends on equipment design and current flow not on equipment size, complexity, or voltage. Though some electric equipment produces EMFs of other frequencies, most health research has considered only frequencies near 60 Hz.

3. What are some typical EMF exposures on the job?

The EMF exposures for many jobs have not been measured, but the following table shows average exposures to magnetic fields for typical workers who use electric equipment. Exposures during a work shift vary with the strength of the magnetic field, the worker's distance from the EMF source, and the time the worker spends in the field.

4. Do EMFs cause cancer or other health effects?

Studies have shown that some workers exposed to high magnetic fields have increased cancer rates. But such associations do not necessarily show that EMF exposures cause cancer (any more than the springtime association of robins and daffodils shows that one causes the other). Scientists have looked carefully at all the EMF evidence, but they disagree about the health effects of EMFs except to say that better information is needed.

5. What *DO* studies show about the health effects of EMFs in workers?

Many studies report small increases in the rate of leukemia or brain cancer in groups of people living or working in high magnetic fields. Other studies have found no such increases. The most important data come from six recent studies of workers wearing EMF monitors to measure magnetic fields. All but one study found significantly higher cancer rates for men with average workday exposures above 4 milligauss. However, the results of these studies disagree in important ways such as the type of cancer associated with EMF exposures. So scientists cannot be sure whether the increased risks are caused by EMFs or by other factors. A few preliminary studies have also associated workplace EMFs with breast cancer, and one study has reported a possible link between occupational EMF exposure and Alzheimer's disease. The data from all of these studies are too limited for scientists to draw conclusions. However, a national research effort is under way, and more study results are expected in a few years. *No increased leukemia has been reported overall in studies of welders, yet they are among the occupations with the highest EMF exposures.*

6. Are there exposure limits for worker exposures to EMFs?

Because of the scientific uncertainty, no Federal limits for worker exposures to EMFs have been recommended or established in the United States. Two private organizations have developed guidelines to protect workers from the known effects of extremely high exposures (that is, those more than 1,000 times the exposures typically found in occupational environments). However, these guidelines do not

address the possible health effects of the low EMF exposures usually found on the job.

7. Should workers and employers try to reduce exposures to EMFs?

The National Institute for Occupational Safety and Health (NIOSH) and other government agencies do not consider EMFs a proven health hazard. Because some studies have associated high magnetic field exposures with increased cancer risks, the government will continue studying EMFs. While research continues, concerned workers and employers might consider the following simple, inexpensive measures for reducing EMF exposures: Inform workers and employers about possible hazards of magnetic fields. Increase the worker's distance from the EMF source. Since magnetic fields often drop off dramatically within about 3 feet of the source, workers can stand back from electrical equipment, and work stations can be moved out of the 3-ft range of stronger EMF sources. Use low-EMF designs wherever possible (for the layout of office power supplies, for example). Reduce EMF exposure times. No action should be taken to reduce EMF exposure if it increases the risk of a known safety or health hazard such as electrocution.

8. What is NIOSH doing about EMF exposures?

NIOSH has been evaluating the possible health effects of EMFs since 1991. NIOSH scientists have measured the fields in workplaces where employees are concerned about their EMF exposures; they are also studying the biological effects of EMFs. In addition, NIOSH scientists work cooperatively with researchers in universities and other Federal agencies to share their study results. These cooperative efforts have increased recently under the National EMF Research and Public Information Dissemination (RAPID) program.

9. How to obtain printed copies of the NIOSH Fact Sheet.

"NIOSH Fact Sheet: EMFs in the Workplace," DHHS (NIOSH) Publication No. 96-129, is available from:

NIOSH [Publications Dissemination](#),
4676 Columbia Parkway
Cincinnati, Ohio 45226-1998
phone: [1-800-35-NIOSH \(1-800-356-4674\)](tel:1-800-35-NIOSH)
fax: (513) 533-8573

10. How to find out more about EMFs in the workplace.

To provide more details, a 68-page booklet "Questions and Answers: EMF in the Workplace" (Publication Number DOE/GO-10095-218, DE95013123) has been published by NIOSH together with the Department of Energy and the National Institute for Environmental Health Sciences. This booklet is also available from:

NIOSH [Publications Dissemination](#) by calling [1-800-35-NIOSH \(1-800-356-4674\)](tel:1-800-35-NIOSH) or E-mail: pubstaft@niodst1.em.cdc.gov or by writing to the address above.

The text is found online at the [EMF RAPID Home Page](#).

JOBS

Hill Air Force Base – Safety Engineer, GS-0803-12

CONTROL NO IL8275

ANNOUNCEMENT NUMBER : 00JUN223107

OPEN PERIOD 06/23/2000 - 07/06/2000

SERIES/GRADE: GS-0803-12/

SALARY: \$ 50,139 TO \$ 65,179, ANNUAL

HIRING AGENCY: AIR FORCE PERSONNEL CENTER

DUTY LOCATIONS: HILL AIR FORCE RANGE, UT

REMARKS: APPLICATIONS MUST BE RECEIVED BY THE CLOSING DATE TO RECEIVE CONSIDERATION.

CONTACT:

RECRUITMENT CALL CENTER

PHONE: (800) 699-4473

INTERNET ADDRESS: <http://www.afpc.randolph.af.mil/afjobs>

HQ AFPC/DPCTDC

ATTN: RECRUITMENT CALL CENTER

550 C STREET WEST STE 57

RANDOLPH AFB, TX 78150-4759

Anniston, Alabama - Industrial Hygienist, GS-0690-09

CONTROL NO TG5394

ANNOUNCEMENT NUMBER: AHM07341

SERIES/GRADE: GS-0690-09/

OPEN PERIOD 06/30/2000 - 07/14/2000

SALARY: \$ 34,575 TO \$ 54,385,

ANNUAL PROMOTION POTENTIAL: GS-11

HIRING AGENCY: US Army Medical Command

DUTY LOCATIONS: 0001 ANNISTON, ALABAMA, AL

CONTACT:

O. ANN WILLIAMS

PHONE: (410) 306-1265

INTERNET ADDRESS: Ophelia.A.Williams@cpocner.apg.army.mil

U.S. ARMY

NORTHEAST

STAFFING DIVISION

314 JOHNSON STREET

ABERDEEN PROVING GRO, MD 21005-5283

Mobile, Al , Industrial Hygienist, GS-0690-07/12, OSHA

CONTROL NO BR8662

ANNOUNCEMENT NUMBER: OSH-00-56
SERIES/GRADE: GS-0690-07/12
OPEN PERIOD 06/20/2000 - 07/05/2000
SALARY: \$ 29,998 TO \$ 65,716,
ANNUAL PROMOTION POTENTIAL: GS-12
HIRING AGENCY: LABOR, Occupational Safety and Health Adm (OSHA)
DUTY LOCATIONS: 0002 MOBILE, AL
CONTACT:
LISA PATTERSON
PHONE: (202) 693-1800
U.S. DEPARTMENT OF LABOR
OSHA
200 CONSTITUTION AVE., NW
ROOM N3308
WASHINGTON, DC 20210

Oklahoma City, OK – Industrial Hygienist, GS-0690-13

CONTROL NO IL8383
ANNOUNCEMENT NUMBER: OC 00-83
SERIES/GRADE: GS-0690-13/13
OPEN PERIOD 06/23/2000 - 07/14/2000
SALARY: \$ 59,623 TO \$ 77,507
ANNUAL PROMOTION POTENTIAL: GS-13
HIRING AGENCY: HHS, INDIAN HEALTH SERVICE
REMARKS: ABSOLUTE INDIAN PREFERENCE
CONTACT:
LOUISE DUNCAN
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INDIAN HEALTH SERVICE
IHS, PERSONNEL
FIVE CORPORATE PLAZA
3625 NW 56TH STREET
OKLAHOMA CITY, OK 73112

US Joint Forces Command, Va - Safety and Occ Health Manager, GS-0018-13

CONTROL NO BS0308
ANNOUNCEMENT NUMBER: HMS012509-DS
SERIES/GRADE: GS-0018-13/13
OPEN PERIOD 06/30/2000 - 07/14/2000
SALARY: \$ 59,623 TO \$ 77,507, ANNUAL
HIRING AGENCY: NAVY, Imm Ofc of Chief of Naval Operations
DUTY LOCATIONS: US JOINT FORCES CMD, VA
CONTACT:
DIANE SIMMONDS
PHONE: (757) 396-7680

HRSC EAST
NORFOLK NAVAL SHIPYARD
BLDG 17
PORTSMOUTH, VA 23709-5000

Hill Air Force Base, UT - Safety and Occupational Health Specialist, GS-0018-09/

CONTROL NO BR9646
ANNOUNCEMENT NUMBER: RT 00-176
SERIES/GRADE: GS-0018-09/
OPEN PERIOD 06/26/2000 - 07/07/2000
SALARY: \$ 34,575.00 TO 54,385 ANNUAL
HIRING AGENCY: Air Force Materiel Command
DUTY LOCATIONS: HILL AFB OGDEN, UT
CONTACT:

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DEPT OF THE AIR FORCE
OO-ALC/DPCFE-2
6091 GUM LANE
BLDG 1221
HILL AFB, UT 84056-5819

Seoul, Korea - Safety and Occupational Health Specialist, GS-0018-09

CONTROL NO TG4068
ANNOUNCEMENT NUMBER: KS-00-424WW
SERIES/GRADE: GS-0018-09/11
OPEN PERIOD 06/21/2000 - 07/12/2000
SALARY: \$ 32,380 TO \$ 50,932, ANNUAL PROMOTION POTENTIAL: GS-11
ANNOUNCEMENT NUMBER: KS-00-424WW
HIRING AGENCY: Eighth U.S. Army
DUTY LOCATIONS: SEOUL, KOREA, OP
CONTACT:

8TH US ARMY REC OFFICE
INTERNATIONAL NUMBER: 011-12067643821
INTERNET ADDRESS: <http://cpol.army.mil>
U.S. ARMY
KOREA
EANC-CPOC-US
HQ, 19TH TAACOM, UNIT 15015
APO, AP 96218-0171

Ft Bliss TX, - Industrial Hygienist, GS - 0690 – 12

ANNOUNCEMENT NUMBER: 052350JS0
SALARY: \$ 50,139 TO \$ 65,179, ANNUAL PROMOTION POTENTIAL: GS-12
HIRING AGENCY: US Army Medical Command
DUTY LOCATIONS: EL PASO TX, TX

OPEN PERIOD 06/28/2000 - 07/12/2000

CONTACT:

FORT BLISS CPAC
PHONE: (915) 568-2596
U.S. ARMY
SOUTHWEST STAFFING DIVISION
BUILDING 301, MARSHALL AVE
FORT RILEY, KS 66442

Ft Hood TX, - Industrial Hygienist, GS - 0690 - 11

CONTROL NO TG4364

ANNOUNCEMENT NUMBER: EFM07360A

SERIES/GRADE: GS-0690-11

OPEN PERIOD 06/29/2000 - 07/14/2000

SALARY: 41,834 TO \$ 54,385, ANNUAL PROMOTION POTENTIAL: GS-11

HIRING AGENCY: US Army Medical Command

DUTY LOCATIONS: 0001 FORT HOOD, TX, TX

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ABERDEEN PROVING GROUND, MD 21005-5283

Ft Hood, Tx - Industrial Hygienist, GS-0690-11

CONTROL NO TG4362

SERIES/GRADE: GS-0690-11

OPEN PERIOD 06/29/2000 - 07/14/2000

SALARY: 41,834 TO \$ 54,385

ANNUAL PROMOTION POTENTIAL: GS-11

ANNOUNCEMENT NUMBER: EFM07360

HIRING AGENCY: US Army Medical Command

DUTY LOCATIONS: FORT HOOD, TX

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NORTHEAST
STAFFING DIVISION
314 JOHNSON STREET
ABERDEEN PROVING GRO, MD 21005-5283

Ft Hood, Tx – Industrial Hygienist, GS-0690-07/11

ANNOUNCEMENT NUMBER: EFM07030

SERIES/GRADE: GS-0690-07/11

OPEN PERIOD 06/16/2000 - 07/21/2000

SALARY: \$ 29,998 TO \$ 53,544, ANNUAL PROMOTION POTENTIAL: GS-11

HIRING AGENCY: US Army Medical Command

DUTY LOCATIONS: FORT HOOD (BELL), TX

CONTACT:

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PHONE: (410) 306-1262

INTERNET ADDRESS: Annie.White@cpocner.apg.army.mil

U.S. ARMY

NORTHEAST

STAFFING DIVISION

314 JOHNSON STREET

ABERDEEN PROVING GRO, MD 21005-5283

Ft Hood, Tx – Industrial Hygiene Technician GS-0640-07/09

ANNOUNCEMENT NUMBER: 032091DF0

OPEN PERIOD 06/09/2000 - 09/30/2000

SALARY: \$ 28,265 TO \$ 34,575, ANNUAL

PROMOTION POTENTIAL: GS-09

HIRING AGENCY: Fld Operating Ofc of Ofc of Sec of Army

DUTY LOCATIONS: 0001 FORT HOOD, TX

CONTACT:

DEBBIE FORRESTER

PHONE: (785) 239-0064

INTERNET ADDRESS: forrestd@cpocswr-emh1.army.mil

U.S. ARMY SOUTHWEST STAFFING DIVISION

BUILDING 301, MARSHALL AVE

FORT RILEY, KS

Hampton, Va – Safety and Occ Health Manager, GS-0018-13

CONTROL NO IM0067

ANNOUNCEMENT NUMBER: 00JUN223486

OPEN PERIOD 06/30/2000 - 07/13/2000

SERIES/GRADE: GS-0018-13

SALARY: \$ 59,623 TO \$ 77,507, ANNUAL

HIRING AGENCY: AIR FORCE PERSONNEL CENTER

DUTY LOCATIONS: HAMPTON VIRGINIA, VA

CONTACT:

RECRUITMENT CALL CENTER

PHONE: (800) 699-4473

INTERNET ADDRESS: <http://www.afpc.randolph.af.mil/afjobs>

HQ AFPC/DPCTDC

ATTN: RECRUITMENT CALL CENTER

550 C STREET WEST STE 57

RANDOLPH AFB, TX 78150-4759

Baltimore, MD - Industrial Hygienist, GS- 0690 – 13

ANNOUNCEMENT NUMBER: GE007559

SALARY: 60,890 TO \$ 79,155, ANNUAL

PROMOTION POTENTIAL: GS-13

Must be a CIH

OPEN PERIOD 07/05/2000 - 08/03/2000

HIRING AGENCY: US Army Corps of Eng (Except Civ prg Fin)

DUTY LOCATIONS: BALTIMORE, MD

CONTACT:

MAGGIE POLISZCZUK

PHONE: (410) 962-2087

INTERNET ADDRESS: Magdalena.A.Poliszczuk@nab02.usace.army.mil

U.S. ARMY NORTHEAST STAFFING DIVISION

314 JOHNSON STREET

ABERDEEN PROVING GROUND, MD 21005-5283

Baltimore, MD - Industrial Hygienist, GS-0690-12

ANNOUNCEMENT NUMBER: GE007503

SALARY: \$ 51,204 TO \$ 66,564, ANNUAL

PROMOTION POTENTIAL: GS-12

HIRING AGENCY: US Army Corps of Eng

DUTY LOCATIONS: 0001 BALTIMORE, MD, MD

CONTACT:

MAGGIE POLISZCZUK

PHONE: (410) 962-2087

INTERNET ADDRESS: Magdalena.A.Poliszczuk@nab02.usace.army.mil

U.S. ARMY

NORTHEAST

STAFFING DIVISION

314 JOHNSON STREET
ABERDEEN PROVING GRO, MD 21005-5283